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ORIGINAL DEPARTMENT.

Lectures.

LATERAL CURVATURE OF THE SPINE.

By PROF. LOUIS BAUER, M. D.,

Of Brooklyn, N. Y.

[Continued from page 18.]

Scoliosis.

TREATMENT.—Gentlemen: On entering upon this rather difficult subject, we shall briefly discuss the means of preventing scoliosis.

Believing, as we do, that the predisposition of that deformity rests with some defects in the sexual development of the patient, affecting, and eventually impoverishing the nutrition, preventive efforts should be made in that direction. The patient should not only be protected against influences likely to depreciate the physical standard of her constitution, but measures should be adopted to enhance its vigor, and thus fortify the frame against distortion. The faithful observance of the laws of physiological hygiene will mostly accomplish the object, medication being scarcely ever called for. Hence, the patient should live regularly and generously and abstain entirely from knick-knacks; should neither indulge in lascivious habits nor exhaust the physical powers by over-exertion; should alternate in proper proportion between rest and locomotion; wear comfortable dresses alike protective against cold and over-heating; prefer physical and domestic to sedentary employment and over-taxing of the mind; in fine, live for a period of a year or more for physical well-being alone, until puberty with its attributes has become fairly established, when the intellectual training may be resumed without hazard. In this simple but effectual way we shall safely carry young females through a dangerous period of their lives, and qualify them for their exalted mission.

With these Lyceurgian rules we may come in conflict with the established habits and notions of high-life, yet there can be no compromise between right and wrong, between reason and folly. Irrational indulgence precludes the possibility of robust constitutions, and consequently, of healthful enjoy-

ment. In the same ratio as the system is depreciating, the mind suffers—“Mens sana in corpore sano.”

When on examination of your patient, you notice undue flexibility of the spine, you may at once set it down as the virtual commencement of scoliosis, and take prompt measures to avert the impending deformity. In order to realize the danger, you need but to place the patient in the erect posture and raise one of the lower extremities from the floor by a piece of board or book; the spine is at once thrown out of its perpendicular, presenting lateral curves of great tension. Such a condition is inseparable from general debility and languor; hence, prejudicial habits grow easily out of the want of support, and determine permanent deviation. It is extremely rare, however, that we are called upon for advice at that juncture; we find mostly already the commencement of actual scoliosis, or the so-called *first degree of Buehring*.

In treating this stage, the most scrupulous hygiene should be insisted on, and eventually remedies administered with a view to regulate and tonify the general system. Country residence or mountain air, cold bathing and animal diet are commendable auxiliaries.

A system of diversified physical exercise should be adopted and discreetly persevered in, by which *gait and posture constantly alternate and change*. It is most assuredly the best protector against prejudicial habits, and the best remedy to correct them. Without going into superfluous details, some general rules should be laid down in the adoption of gymnastic exercises, otherwise, and if promiscuously indulged in, they might do more harm than good.

1. The exercises should, if possible, be taken in the open air, so as to obviate over-heating of the body, and to sustain respiration with a proper alimentary supply.

2. The exercises should tax the entire muscular system at once or successively, and not exempt one part or the other.

3. The exercises should preclude vertical pressure upon the spine.

4. They should be moderate and discreet, so as not to exhaust the physical strength.

5. They should alternate with rest in the recumbent posture upon a firm mattress or lounge.

If the spine is already deviating from the perpendicular, *active exercises cannot be practiced to a great extent without injury to the patient.* The "antiplastic" movements of Werner commend themselves as excellent substitutes for active exercises. The patient is placed upon a covered table in a dorsal position; the hands of the operator are employed to correct the deformity and to bend the spine over in the opposite direction; and, in fine, the patient directed to maintain the same by will for an hour or so at the time. Another competent person may take the place of the physician to facilitate proceedings, which should be repeated several times during each day. Or a moveable footboard for the left limb may be adopted in substitution of the hand, which, in raising the left side of the pelvis reverses the deviations. Aromatic frictions of the back and kneading of the dorsal muscles and cold douche are remedial additions.

The treatment of incipient scoliosis thus delineated, will effectually meet the indications presented, and if systematically persevered in, give substantial relief to the patient. Mechanical support or orthopaedic beds, we deem dispensable for the first period. But if the patient should be so situated as not to be able to devote much time to the treatment, then, and only then, it may be expedient to provide a spinal supporter for day use. Of its proper constructions we shall speak in our next lecture.

In the second stage of scoliosis, the local treatment of the deviating spinal column comprises the chief object of our attention, whilst the general management of the case remains the same as previously stated. You recollect that the deformity has already assumed a decided character, and its consecutive effects begin to show themselves upon the thorax. However, there are as yet no alterations in the shape of the individual vertebrae, nor has the tortion of the spine made its appearance. By mechanical means the spinal column can be brought into a perpendicular direction. The scoliosis depends perhaps exclusively on the lessened elasticity of the inter-vertebral fibro-cartilages.

In dealing with the second stage, the question presents itself: whether it would be wise to allow the patient the erect posture and locomotion, or whether it would be better and more appropriate to direct the recumbent one. The former have their advantages which cannot be denied. They enable the patient to gratify the natural taste for change; to exercise the muscular system and procure better air than confinement to the bed would afford. But it should be borne in mind that the spine is already thrown out of its perpendicular; that the superincumbent weight acts upon it to great mechanical disadvantage, and that the patient

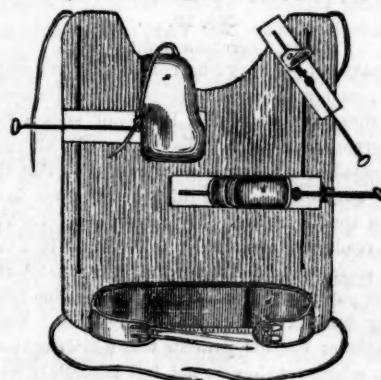
is likewise permitted to perpetuate the old habits of prejudicial gait and attitude. It would seem as if there could be no conciliation between active exercises and arrest of scoliosis, that we had to relinquish the one or the other. Hence we cannot hesitate in accepting the recumbent posture as the better of the two, for thereby we get rid of superincumbent weight and bad habits. As we have already mentioned, the fear of confinement is certainly exaggerated if found at all in clinical observation. Rest may be endured for some length of time with benefit at least to the muscular system, whilst the wear and tear of the body is decreased and the character of nutrition enhanced. The alleged bad effects of confinement refer only to the excess of the same, and the physician has it in his power to curtail it should it operate injuriously upon the constitution. Although it might be better to remain on a firm mattress in a stereotype position, yet in order to relieve its irksomeness, a change of the bed with a couch, or a well-reclining armchair, as, for instance, that of Mr. KING, in Broadway, New York, might well be conceded to the comfort of the patient. Nor would there be any reasonable objection to raise the bed into an inclined plane, so as to enable the patient to read or look about. Thus by ingenious contrivance some orthopaedic surgeons have succeeded in constructing apparatus, combining with the recumbent position, facilities for the pursuit of music, writing, drawing, and reading, without the slightest inconvenience or fatigue. Education may thus be carried on without interruption, as long as it is compatible with the objects of the treatment.

The antiplastic movements of Werner may be tried to reverse the position of the spine, but we apprehend that in most cases they will be found insufficient.

In former times, the so-called orthopaedic beds were employed to overcome the deformity. Their chief design was longitudinal extension; some of them combined pressure upon the convex portions of the spine. The construction of those beds, of which a great variety has been introduced into orthopaedic practice, bear great semblance. A belt for the pelvis is connected by straps with a cogwheel at the foot of the bed, and an appropriate apparatus for the head with the opposite parts of the bed. After the patient has placed herself upon the bed, belt and headpiece are adjusted and the extension made by means of the cogwheel. For the sake of lateral pressure, either cushions or wedge-formed pads were brought to bear upon the spine. During a long period the mechanical bed was the only remedy in vogue against scoliosis, and great ingenuity has been employed in its construction. Its unsatisfactory results were of

course ascribed to the difficulties of its mechanical arrangements and not to the inverted principle. Thus changes in the construction and improvements were carried on until Guerin* and Major put a stop to them by demonstrating that *longitudinal extension was a failure, unless accomplished by direct action upon the curvatures*. Since then mechanical ingenuity has been thrown into a new channel with a view of constructing apparatus acting by lateral pressure and counter-pressure. The contrivances of Guerin and Major are very complicated and costly, yet they fulfil the object of simple and double lateral action, and may therefore answer in the second stage of scoliosis, which is not as yet complicated with torsion of the spine or an oblique shifting of the thorax. In the latter stages, they are, however, inefficient, and unable to realize the presented indications. Buehring's reduction-apparatus, which we hereby submit to your inspection, is for many reasons a

Fig. 73.



superior contrivance, (fig. 73,) and we have found it in our practice a most serviceable instrument. It is not only simple, compendious, and applicable to an ordinary bed, but you may render it useful to all stages of lateral curvature. Its cost is but trifling when compared with those of Guerin or Major.

The pattern before you is designed for the third stage; we shall, however, show you how to convert it into an effectual apparatus for the second stage also.

You perceive that Buehring's apparatus consists in,

1st. A plate of sheet iron, covered with ticking, or any other suitable material, to prevent the cold contact with the metal and soiling of the bed with rust. At its upper portion a sufficiently large piece is taken out for the neck, although this is immaterial. But the iron should be sufficiently strong

so as to prevent bending. Parallel with the edges and about two inches from them a longitudinal fissure is made, sufficiently wide to admit a one-sixth of an inch screw moving to and fro.

2d. A well-bolstered belt, made of a steel spring, to be buckled in front.

3d. Three movable parts of well-bolstered soft wood, one for each deformity, and one to raise the left arm. In taking a profile view of these parts, you observe the thickness of the two former, whereas the third is rounded and long enough to exceed the axillary cavity. They are moveably fixed upon iron frames, and set in motion by a screw. The modus operandi is plain. When attached to the iron plate you can give them any position to the body you choose, and whilst the patient is fastened in the belt and the pelvis thus rendered immovable, you screw the pads against the spinous processes, and gradually press them over in the reverse position. The transverse processes rest upon the pads. In proportion to the thickness of the pads, the body is elevated from the iron plate, and the weight of the same is thus made use of to turn the spine on its longitudinal axis in the opposite direction from that we first fixed it in. The lower the wooden blocks the less we can count on that action, and in substituting a plain pad of iron, we reduce it to a simple lateral shifting, and thus render the apparatus serviceable for the second stage.

Fig. 74.



The pad for the lumbar deformity (fig. 74) is but narrow, but it should be large enough to embrace the side of the body. The pad designed for the thoracic curvature is of much larger size in order to cover the protruding ribs and shoulder blade, being, of course, in keeping with the proportions of the patient. Its exact form in the

Fig. 75.



apparatus should be noted by you (fig. 75) for

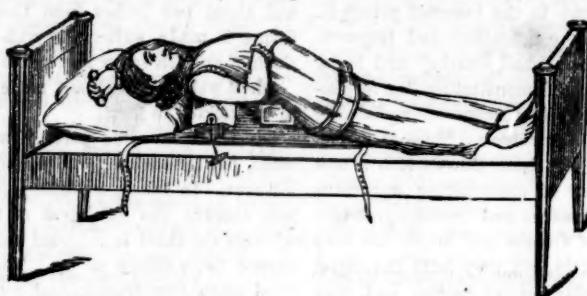
Fig. 76.



future use. The pad for the left axillary fossa is an erect piece of wood, rounded and well-covered. (fig. 76.)

* Rapport, adressé à Monsieur le Délégué du Gouvernement provisoire, etc. Paris, 1848.

Fig. 77.



In this diagram, (figure 77,) you observe the patient in position on the apparatus. The latter is fastened to the bed by straps. The pads are adjusted and the belt buckled. The limbs are free for exercise. In appearance we have a Procrustean bed, and can scarcely conceive how a patient can endure the same for any length of time. And so it seems to be in the first days of its use. But the patient becomes soon used to it, and in time it actually becomes indispensable to his comfort, so that he prefers it to a luxuriant mattress.

The efficacy of this contrivance is great. When discreetly applied and attentively managed, Buehring's Reduction-Apparatus is capable of effecting such changes in the form of the spine as no other construction of this kind. In our humble opinion it is at present the best known, and is deserving of your adoption.

The length of time a patient should continue in the recumbent position depends, of course, on the individuality of the case, and cannot well be fixed *a priori*. As a general rule you are to discontinue the recumbent posture, when the morbid flexibility of the spine has subsided, the deformity is reduced, and when in the erect position the spine shows no further tendency to deviate from the perpendicular. In some instances this result may be accomplished in a few months, in others even a year, or more time may be required. The improvements of the deformity advance conjointly with the growing constitutional strength, for as long as the general system remains in a debilitated state, the undue flexibility will likewise perpetuate its existence. If the patient should be necessitated to interrupt the treatment, we must then content ourselves with the use of the apparatus during the night, and provide a spinal supporter for day use. The same should be done with convalescents to avert relapse.

[To be continued.]

Transfer.

Dr. WILLIAM B. ATKINSON has been transferred from the South Street Hospital to the Provost Barracks. Dr. KNORE has been appointed to supply the vacancy.

Communications.

ROUGH NOTES

Of an Army Surgeon's Experience, during the Great Rebellion.

By J. THEODORE CALHOUN,

Surgeon in Chief, 2d Division, 3d Corps D'Armée.

No. 19.

Camp Diarrhea—continued.

TREATMENT.—Every Surgeon has his own treatment; each some favorite remedy he relies upon, and there are none who have not seen a few inveterate cases which baffle for months all their pet remedies. It must be remembered that the army surgeon must in his prescriptions keep within the field table. We cannot drag over Virginia roads the assortment to be found in a city drug store, and I doubt not that it is much better for our patients that we cannot. There is too much dosing done in the army as in civil life. Every practitioner has his patients who will drug themselves whenever they do not feel absolutely well; and in the army, where government furnishes medicine, we have patients who are as loudly clamorous for medicine as the hypochondriacs of the North. We have, however, this advantage: we can tell the patient he does not need and shall not have medicine, and he has no resource but to submit.

Varied as is the treatment, a general outline may be given which will be applicable to most cases.

First, remove the cause if it can be done. It is a surgeon's fault if any removable cause exists, but there may be some cause due to the patient's habits which can not be removed. If he bids fair to have a bad attack, put him in the regimental hospital; he will do much better than if allowed to remain in quarters and eat every thing he craves. If it is a simple, mild case of diarrhoea a pill of camphor and opium every four or six hours, will check it, and you will have no more trouble; or one of opium and acetate of lead may be substituted.

If there is headache or much tenesmus give an

ounce of ol. ricini with twenty drops of tinct. opii in it; or if there is any pain in the abdomen a few drops of tinct. menth. pip. can be added; or a dose of the sulphate of magnesia may be substituted. When there is abdominal pain the following is an excellent dose:

B. Ext. rhei,	13iii.
Ext. zingib. fluid,	13j.
Tinct. opii,	gtt.xx.
Aquæ,	q. s. M.

Fiat haustus.

The castor oil is a nauseous dose, unless it can be made into an emulsion, and the dispensary very generally does not afford the material for such a preparation. The sulphate of magnesia is a most excellent cathartic, and I think a very general favorite among army practitioners. In many regiments the steward before sick call makes up a solution of salts and flavor \mathfrak{s} it with a little peppermint. The rhubarb and ginger is a very good preparation when there is a tendency to nausea.

In most cases it is advisable to precede the cathartic by a few grains of the pil. hydrarg. alone or combined with a grain of opium, and made up in the form of a pill to be given at night, and followed with the cathartic in the morning. Should the diarrhoea continue after the operation of the cathartic, and after there is a disappearance of the headache and febrile symptoms, which do generally disappear after the cathartic, we must have recourse to astringents. The camphor and opium pill is very generally used. I prefer one of the mineral astringents—acetate of lead, sulphate of copper, or nitrate of silver combined with opium, or more preferable still do I like a combination of iron and quinine. The following is my favorite combination:

B. Ferri per-sulph. (Monsel's salt),	gr. iij.
Quin. sulph.,	gr. v.
Pulv. opii,	gr. j.

M.

I give this powder three times a day, with ten grains of Dover's powder at bedtime. The per-sulphate of iron is one of the two preparations of that material allowed in the field table, and indeed I cannot conceive of a more excellent one. Combined with quinine and opium (the quinine very frequently in much larger doses than above given,) I have succeeded in the most desperate and invertebrate cases. Nitric acid in the form of Hope's mixture, when obtainable, answers an excellent purpose in some cases, and the acid sulp. arom. is frequently used. The combination of the elixir vitriol with a solution of magnesia sulph. is said to prove very efficacious, but I have had no success with it.

In cases of long standing the tinct. ferri chlor. appears to suit very well. It can be administered

in a most excellent form by giving some fifteen or twenty drops of the tincture in about a fluid drachm of the fluid extract of cinchona, with a proper proportion of water.

Where there is torpidity of the liver small doses of calomel and opium do very well. The sixth of a grain of each rubbed up with white sugar, and given every hour, has in my hands proved well suited to some cases; or, when obtainable, the hyd. cum cretæ seems well suited either alone or in combination. But preferable to all is a combination of pil. hydrarg. and quinine.

When there is much pain in the abdomen a sinapism seldom fails to relieve it. If it is localized a few dry cups over the spot will do well. Turpentine rubbed upon the abdomen or flannels moistened with it and laid upon the part answer well, and the ol. terbinth. administered internally is one of the most valuable and efficacious remedies. Injections of starch and laudanum or (as starch is seldom obtainable) of farina and laudanum are sometimes employed with success. An infusion of the blackberry-root or a decoction of white-oak bark may be tried with benefit in some cases.

Aside from the purely medical treatment much can be done. Attention to diet is all important. If a scorbutic taint exists (and I am satisfied that it often does exist, although entirely unsuspected) give the patient plenty of fresh vegetables. Potatoes and onions are usually the only vegetables obtainable, but with them one need not desire a greater variety. In lieu of the coffee which the patient has been drinking give him lemonade, and if the diarrhoea has its origin in a scorbutic state of system a marked improvement will soon take place.

If the case is a bad one be careful to keep up the patient's strength. In the latter stages give him beef tea and egg-nogg. The latter seems peculiarly adapted to these dysenteric cases, but unfortunately in the field eggs are too often unobtainable. Whiskey and quinine in liberal doses sometimes has an excellent effect.

In this division we have, during the last three months, selected the worst cases of camp diarrhoea, and sent them home on twenty days furlough. The result has been most gratifying. A large majority of those sent home have returned in a very much improved state of health, and I am satisfied that many men have thus been saved to the service who, had they remained in the camp, would have died or been discharged.

In those cases where diarrhoea is complicated with home-sickness (and let me here assure the reader that home-sickness is a disease of camp, as much as typhoid fever), so this appears to be the only remedy. Thanks to the admirable system of

furloughs instituted by General Hooker, this complication is now seldom met with in this army.

From the extraordinarily successful results attendant upon the furloughed cases of diarrhoea in this division, I think it can be very safely assumed that no surgeon in the field is warranted in discharging from the service a patient with this disease until after, as a dernier resort perhaps, he has tried the effect of a furlough. Every man saved to the service counts considerably when the grand aggregate is concerned, and if a furlough is the only means to accomplish the desirable end let it be tried by all means.

Observations on
NERVOUS DEAFNESS.

By LAURENCE TURNBULL, M. D.,
Of Philadelphia.

Introduction.

At the request of your committee,* I have endeavoured to bring together the most recent and important facts in regard to one of the obscure diseases of the human ear, namely, "Nervous Deafness," and those doubtful matters concerning it which are open for discussion and elucidation by the members of the society.

Definition.

By "Nervous Deafness" is generally understood "a diseased condition or impaired function of the auditory nerve," but in my judgment it should also include the nerves which supply the external ear—membrana, tympani and middle ear. The term *nervous* in a truly scientific sense is not correct, but it is the best term we have at present for indicating the probable origin of this form of deafness.

Etiology.

This disease, like scrofulosis or phthisis pulmonalis, is the result of hereditary taint, being communicated from parent to child. In one family consisting of two sisters and one brother, every member was deaf, in another two, and in a third there was one deaf in the family, for three generations. Sedgwick† has observed that a surgical instrument maker aged twenty-nine years, became deaf like his father at the age of eighteen years, and Dr. CAMP has informed him of a case occurring in his practice of nervous deafness affecting a father and son. One of the most common occasional causes is cold more especially applied to the head uncovered, or by sudden force to the ears. Heat from the sun, when the head is exposed, or with but a slight covering, more especially

ally, if the system is exhausted, producing *coup de soleil* and deafness, from the congestion of the brain. Then we have the reflex influence of convulsions in adults or children, or from apoplexy or paralysis producing pressure, congestion, inflammation or atrophy of the seventh pair of nerves or its branches. Then follow direct injuries from blows or falls upon the ear of a severe character producing concussion of the nerves.

Another prolific cause is the poison of typhus, typhoid, and scarlet fevers; rheumatism, gout, measles or mumps, intermittent fever, hysteria, epilepsy and syphilis are occasional causes.

We have also this form of deafness symptomatic or associated with disorders of the digestive organs. It is likewise the result of old age.

Frequency of the Disease.

KRAMER states that out of 2000 patients 1074 were classed as affections of the auditory nerve (see table, *) while in WILD's table of 2385 cases, only 244 were true cases of "nervous deafness." In the still later table of TREQUET, of 163 only 46 were truly nervous. TURNER publishes 200 cases of deafness and only about 35 or 36 of nervous are given, still

* The accompanying table is from a more recent work of KRAMER, and shows a much smaller proportion of cases of nervous deafness.

Tabular View of 1000 Cases of
Ear Diseases.

496 with ear sounds, 504 without.

	With Ear Sounds.	Without Ear Sounds.	Total.
DISEASES OF EXTERNAL EAR.....	183	244	427
<i>Diseases of Ear Cartilage.....</i>	1	2	3
1. Inflammation of corium, acute.....	1		1
2. " " chronic.....		1	1
3. " " cellular tissue.....		1	1
4. " " cartilage			
<i>Diseases of Meatus.....</i>	115	91	206
5. Inflammation of upper skin.....	101	62	163
6. " corium.....	7	15	22
7. " cellular tissue.....	7	11	18
8. " periosteum.....		3	3
<i>Diseases of Membrane Tympani.....</i>	67	151	218
9. Inflammation, acute.....	26	9	35
10. Inflammation, chronic—			
a. Simple.....	13	51	64
b. With perforation.....	23	64	87
c. With polyp.....	5	24	29
d. With both.....		3	3
<i>DISEASES OF MIDDLE EAR.....</i>	307	233	560
11. Inflammation, catarrhal—			
a. Without exudation.....	5	4	9
b. With free exudation.....	9	25	34
c. With free and interstitial do.....	48	60	108
d. With interstitial exudation.....	244	163	407
12. Otolgia.....		1	1
13. Sounds without hardness of hearing.....	1		1
<i>DISEASES OF INTERNAL EAR.....</i>	4	9	13
14. Inflammation, acute.....			
15. " chronic.....			
16. Nervous deafness.....		4	4
17. Deaf-muteness, acquired.....		2	2
18. " congenital.....		7	7

* Read by request before the Philadelphia County Medical Society, January 14, 1863, since which time a few additional observations have been added to it.

† Sedgwick on the Influence of Sex in Hereditary Disease; B. & F. Medico-Chirurg. Review, April, 1863, pp. 457, 459.

he considers that the "nervous apparatus which receives the sonorous undulations from the tympanum and conveys them to the brain—one of the most delicate structures in the human body—is liable to many functional and organic derangements." The proportion of "deafness" in the community is about 15 cases in 575 persons suffering from ordinary diseases unfitting them for military duty; such is my careful observation while serving as surgeon appointed by the Governor of Pennsylvania to inspect⁴ and examine those persons claiming exemption from the draft.

Of some fourteen hundred cases of ear disease which I have treated in the Howard Hospital and in private practice, I find that the proportion of cases in which there was no lesion of the external or middle ear is about twenty in one thousand.

Influence of Sex.

IN KRAMER's table we find 581 are males and 447 females. IN WILD's the sexes are nearly equal, while TRIQUET had 18 females and 28 males. These statistics disprove the generally received opinion that females are more affected than males with nervous diseases.

Physiology.

The auditory nerve or *portio mollis* of the seventh pair has its origin from the medulla oblongata by two roots. The labyrinth receives nerves from no other source than the *portio mollis*, unless we suppose the *portio intermedia* to consist of filaments from the facial, which accompany the ramifications of that nerve into that part of the ear.

Mr. BOWMAN, considers "that the *portio mollis* is the nerve of hearing and that it is abundantly proved by the following arguments:—1. The distribution of the nerve to the internal ear, to which no other nerve of any importance is distributed. 2. Its softness of texture and cerebriform character which distinguish it from ordinary nerves of sensation or motion. 3. Diseased states of it, or of parts immediately near its origin, affect the sense of hearing, whilst a paralytic state of the *portio dura* or of the fifth does not affect the sense." I do not consider this argument of Mr. BOWMAN's entirely conclusive, as the accessory nervous apparatus plays a most important and necessary part in this function. We find its analogy in the eye. If the supra-orbital branch is cut, vision will often be lost, while the optic is not injured; so, also, injury, pressure, inflammation of the branches of the tympanic nerve of JACOBSON, from the glosso-pharyngeal, and from the otic ganglion, produce loss of hearing of "nervous character" and only affecting the auditory nerve secondarily, or by reflex action.

The tympanum receives branches from the facial and glosso-pharyngeal, and probably from the sympathetic.

The facial, in its passage through the aqueduct of FALLOPIUS gives off the *chorda tympani*, which according to Mr. BOWMAN, seems to have no physiological connection with the tympanum or its contents. Yet it has a connection, if we admit, with ARNOLD that there is an anastomosis between the acoustic nerve and the nerve of Wrisberg into which the *chorda tympani* continues. The *chorda tympani* passes along the *membrana tympani* and if we pass a moderately strong induction current into the ear, the patient will experience a peculiar sound and a painful sensation of sticking in the ear, and a drawing-together sensation in the anterior half of the tongue. DUCHENNE, ERDMANN, BAIERLACHER, and other observers, think that this sensation in the tongue is produced by the galvanic irritation of the *chorda tympani*, which, passing on the inner side of the *membrana tympani*, joins, immediately after its exit by the *glosserian fissure*, the lingual branch of the fifth. These two nerves do not lie together in one but are connected by filaments throughout their whole course.

The *stapedius* muscle also receives a branch from the facial nerve. The anastomosis of JACOBSON, results from the subdivision of the tympanic branch of the glosso-pharyngeal nerve, which enters the cavity of the tympanum below, and passing over the promontory, gives off branches to the membranes of the *fenestrae* and *eustachian tube*, and to the *otic ganglion*.

A branch is described by ARNOLD as proceeding from the *otic ganglion* to the *tensor tympani* muscle.

The external ear is supplied by the facial nerve as regards its muscular apparatus, and by the fifth pair, as regards its sentient surfaces.

[To be continued.]

Hospital Reports.

MEDICAL CLINIC OF DR. DA COSTA.

February 7th, 1863.

Reported by Dr. H. C. WOOD, Resident Physician.

PATHOLOGICAL SPECIMEN.

Mania-a-Potu.

The class were first shown the brain of a man dead of mania-a-potu. It was highly congested, and a large amount of effusion existed at its base. On the upper surface the membranes were somewhat opaque but there was no well marked inflammation. There was no fluid in the ventricles. The brain substance was not softened.

Mania-a-Potu.

The first case presented was J. G., aged 61, native of Ireland. He entered the medical wards February 4th, suffering with acute dysentery; on the 5th pneu-

monia supervened, and on the 6th delirium tremens was added to the list of his ailments.

It was remarked, that his tongue has now only a thin whitish fur, but, when he entered, was coated with a thick yellowish deposit, especially along the central line. His pupils are contracted. His skin dry but not hot. His pulse is feeble and 120; his breathing 28 per minute, making the pulse ratio about 1 to 4.30. Percussion over the left lung posteriorly is very dull. Auscultation reveals sharp, distinct, tubular breathing, with some crepitation over nearly the whole of the left side posteriorly. His sputa is rusty colored but not very tenacious. He is incessantly engaged in an incoherent aimless talk, and restlessly endeavors to get out of bed.

This is a typical case of one form of mania-a-potu. His delirium is very busy and good natured, and entirely free from violence. There is a certain amount of intelligence but no power of concentration. Speak to him and he will commence to answer you in a perfectly rational manner, and then perchance in an instant he is wandering. There is associated with this a very great deal of restlessness, necessitating forcible restraint at night to prevent him from roaming about the wards. Oftimes these cases are haunted by visions, which persecute them until they are ready to leap out of the window to escape the creations of their disordered fancies, but this man manifests no fear. This case is complicated with pneumonia and acute dysentery, which make the chances of his recovery very, very slight. In a man of his age either of the three are a dangerous disease, but together they form a trio almost certainly unconquerable. It may be asked, why did the delirium tremens come on after the other maladies? Was there any relation of cause and effect? Yes, this far, they so weaken the nervous system as to develop an attack, the seeds of which, already planted, might not have germinated at this time, had it not been for their fostering influences. The indications as to treatment are, to arrest the dysentery, check the inflammation of the lung, and especially to quiet the nervous system and obtain sleep. For seventy-two hours he has kept unbroken vigils and he must soon die exhausted, if they are not interrupted. Opium best fulfills these indications. Notwithstanding the many innovations which have lately been made, whisky and opium are in this house by far the most reliable, and indeed the only reliable means of combatting mania-a-potu. The treatment of this man since he entered the house has been as follows:

February 2d he was prescribed:

R. Opil,	gr. viij.
Pil. hydrarg.,	gr. xij.
Camphora,	gr. xvij. M.
Fiant pil. xij. Sig.,	One every three hours.
Milk diet.	

February 4th, he was ordered 6 f₃ of whisky punch and xij f₃ of beef essence. From this time his stimulants have been rapidly increased, until now he is taking whisky punch (half and half) f₃ iss. and beef essence f₃ every hour.

On the morning of the 5th his pills were discontinued and 6 f₃ of blood were taken from his lungs by cups, and he was ordered:

R. Liq. ammon. acet.,	f ₃ iv.
Syr. scillie,	
Syr. ipecac. aa	f ₃ j. M.
Sig. Half ounce every three hours.	

In the night he was given 100 drops of laudanum by injection.

On the morning of the 6th he was prescribed:

R. Opili,	gr. xij.
Camphor.,	gr. viij. M.
Fiant pil. xij. Sig.,	One every hour.

At the night visit these pills were stopped and he was ordered. Liq. morphine sulphates f₃j every second hour until six doses would be taken or sleep

obtained. He has taken all of these several hours since but has not slept.

Was the blue mass given in the beginning, proper? Yes. It was not used as antiphlogistic, but as an alterative and hepatic stimulant. The yellow, foul tongue as we have before seen, marks the case of dysentery requiring mercurials. The camphor was given partly for its known effect on an inflamed intestine, and partly to combat the nervous symptoms. Now the question may arise in the minds of some—did not the inflammation of the lung forbid the use of so much opium? No! I do not believe that there is so much to be feared from the astringent effect as some teach. Cases of pneumonia have been treated very successfully in this house with opium alone. And when it is complicated with mania-a-potu, the drug is the sheet anchor to save the patient from drifting on to the rocks of destruction. His stimulants will be continued.

Ascites.

Two negroes very similarly affected were next presented to the class. The one had been before the clinic on the 24th and 28th of January with dropsy connected with hepatic and cardiac disease. He had improved under treatment, but was still much swollen. The other was W. C., aged 22. He came in the house several months since, laboring under a severe attack of pneumonia, from which he recovered in two weeks. Since then he has been under treatment for the relief of his dropsy. It was remarked, that as was the practice before this class, the most prominent symptom would first be discussed, and then whatever may, naturally follow. His abdomen is greatly enlarged and the marked fluctuation evident on palpitation decides that this is owing to ascites. His lower extremities are also dropsical. His liver is about normal in size. The spleen also is not increased. His tongue is slightly coated with a yellowish fur. There is no tenderness in the epigastrium. Nor indeed anywhere over the abdomen. His appetite is not good, but what he does eat he digests readily. The action of the heart is increased and there is a very faint systolic murmur. In the lungs posteriorly are heard numerous rather fine moist rales. His pulse is 98 and feeble. His respirations are 32 per minute. His urine is free from albumen. Its sp. gr. is 1022.

[Here the hour having expired the case was left over for the next clinic.]

SURGICAL CLINIC OF PROF. GROSS.

Reported by J. E. Owens, M. D., Resident Surgeon.

Amputation of Toe.

Two patients were exhibited to the class. One showed the result of an operation performed thirty-one days ago, for removing the outer three toes at their metatarsophalangeal articulation, and at the same time, a small portion of the outer metatarsal bone. The wound has healed entirely by the first intention. The removal of a small portion of the outer metatarsal bone, was done with the view of making a rounded stump, instead of a square one. The patient will now wear a boot much better than he would, had he a square stump.

The other exhibited the result of the removal of the distal phalanx of the great toe. The greater part of the wound has healed by the first intention.

Bitten Finger.

MARY D., aged 45. Injury to little finger, the result of the bite of the human subject, followed by erysipelas. The patient received the injury three weeks ago. There is at present violent inflammation

extending as far as the wrist; the extremity of the second phalanx is protruding, and it is in a state of necrosis; there is also much swelling of the finger and hand; the pain is considerable. The latter came on immediately; the swelling began two or three days after the receipt of the injury; the old integuments hang, ready to drop from the finger. We must not suppose that there is anything poisonous in the bite of our own species or in that of the lower animals. The bite of a horse, of a rat, and also of the human subject is frequently followed by the most violent inflammation, often resulting in the death of the bones, ankylosis of joints, and sometimes the death of the patient. The loss of an arm has resulted from the bite of the human subject. Inflammation of the lymphatics and enlargement of their glands often result from such injuries. The former is evidenced by the red lines extending up the limb to the lymphatic glands. These results are especially liable to follow, when the patient is in an excited condition, when the secretions are disordered, or when the digestive powers are impaired. These violent symptoms are not, as above mentioned, the result of any poison communicated to the wound; but they are owing to the contused and lacerated character of the injury itself. Such symptoms generally come on within thirty-six or forty-eight hours. In the treatment of these cases, we must first wash out the wound thoroughly with cold or tepid water; then use the ordinary antiphlogistic means for combating inflammation. If there is erysipelas, use iodine, acetate of lead and opium, and restrict the diet; if there is gangrene, puncture the vesicles; swelling and tension being great, make free incisions. In this case the tissues over the second phalanx are incised, the scalpel grazing the bone, part of which is in a state of necrosis. Provided there remains a reproduced part of the periosteum, a portion of the bone will be saved. As there is considerable fetor, the flaxseed poultice should be medicated with LABAR-RAQUE's solution.

March 26th. This case is now and has been for sometime past, in a condition to be amputated, but the patient will not submit to an operation.

Abscess in the Anus.

John B., aged 29. This patient was operated on for fistule on the left side of the rectum, two months ago. The operation was successful. On the right side of the buttock near the verge of the anus, a swelling is observed. This swelling was first noticed four days ago; the head has pain, on which account he cannot sleep; there is discoloration of the skin over and around the tumefaction; symptoms all denote inflammation. The part burns and throbs. The tongue is somewhat coated. The patient, in a word, has an abscess in the part, a disease to which the celluloid-adipose substance around the anus is very liable. An abscess occurring in this situation may be of two kinds—one strumous—the other phlegmonous. In the former the symptoms are mild, the patient being scarcely conscious of any morbid action; in the latter case the symptoms are well marked, having all the evidences of inflammation. In phlegmonous abscess, the disease advances rapidly; in the strumous, on the other hand, its progress is very tardy. In this case a free opening must be made, lest the inflammation destroy the tissues, and eventually lead to anal fistule. In the incipient stages of the disease, we must, of course, use the various antiphlogistic means, with the view of repelling it, such as leeches, purgatives, anodynes and astringent lotions.

A free opening having been made in the abscess, a flaxseed poultice medicated with a solution of lead and laudanum should be applied.

The diet must be restricted, and the patient may take the following mixture:

R.	Antim. et potas. tart.,	gr. iss.
	Magnes. sulph.,	3 <i>l.</i>
	Tinct. verat. virid.,	git. xxiv.
	Aqua cinnam.,	3 <i>v.</i>
	Syr. simplicis,	3 <i>l.</i> M.

Sig., One tablespoonful every three hours.

March 26th. This patient is ready to be discharged,

Fistula in the Anus.

CALEB B., aged 49. The parts are riddled, in consequence of sinuses extending in various directions. The affected structures are laid open and scraped with the handle of the scalpel in order to destroy the exuberant granulations. There is in this case, a predisposition to phthisis. Let the bowels be locked up for a few days, and keep the sides of the wound separated with lint.

March 26th. The wound is not yet healed, but it is improving under the use of nitric acid lotion, in the proportion of five drops to the ounce of water. The patient is taking cod-liver oil, quinine, good diet and milk punch.

Frosted Feet.

I. RICHARD W., aged 67. The patient has been at work on a vessel. He does not know whether or not his feet were wet. They however, felt cold, but did not annoy him much at the time. After work he went home, took off his boots and went to bed, his feet feeling somewhat numbed; but they were not cold. This happened one week ago. Next morning, he went to work as usual, his feet feeling a little sore. The soreness increased. On the third day, they were swollen and blistered. Both dry and wet cold produce effects similar to those of burns. The first effect of dry cold is a sense of numbness and weight, with a peculiar tingling, the parts having a reddish appearance. The parts at length become stiff and perfectly insensible. The blood retreating from the surface, leaves it pale. Sometimes, when the cold is suddenly applied, and very intense, the surface exhibits a mottled appearance, depending upon the presence of coagulated blood in the superficial veins. The effects of moist cold are very similar to those of dry cold.

Vesicles finally appear, filled with a yellow or sero-sanguinous fluid. Frost bites sometimes result in gangrene. In this case the gangrene is superficial, involving the skin, together with the subcutaneous cellular tissue of the toes. The swelling extends above the ankles.

March 26th. This patient is very nearly well and will be fit to be discharged in a few days. Stimulating lotions have been used alternately with poultices medicated with acetate of lead.

2. JOHN E., aged 68. The patient was frost-bitten fifteen years ago, but did not suffer much inconvenience until about ten days ago, when, in consequence of exposure at night, his feet became wet and very cold. The large toe of the left foot in this case is entirely destroyed. The feet are much swollen, as well as the lower portions of the legs. Some of the muscles are still alive. A line of demarcation seems about forming. Except its anterior and inner portion, and the large toe, the left foot may be saved. There is a pent up fluid in the dorsum of the foot, which is found to be pus. The fetor is intense. The patient has no pain; his appetite is good; he sleeps well; his tongue is somewhat coated.

In this affection the circulation and sensibility are more or less impaired. The indication then is to bring the affected parts gradually to their normal condition, by restoring this impaired circulation and sensibility. In order to effect this, the parts must first be immersed in iced-water, or very gently rubbed with snow, the friction being made as lightly as possible, lest over-action be produced, in structures

which are already much weakened. All warm applications must be refrained from. The patient must not even be placed in a warm room.

As soon as the natural temperature is in some degree restored, slightly stimulating embrocations or dilute spirits, etc., should be resorted to, such as soap liniment and spirits of camphor. The patient may now be placed in a warm room, but not near the fire. If the local reaction be severe, astringent and cooling lotions should be used. If there be incipient mortification one of the best applications will be tincture of iodine. Fetus is allayed by the chlorides, and the sloughs, as soon as they become detached, must be removed. If there be pent up fluid, let it out; if pain, use anodynes; attend to the secretions and diet; if there is much discharge and the patient is weak, administer milk punch, iron and quinine. In such cases when should amputation be performed? In the majority, not at all. Nature is the best surgeon, and every operation must be refrained from until there is a well-marked line of demarcation; and even then, the use of the knife is liable to be followed by pyemia, erysipelas, or a recurrence of gangrene. It is Dr. Gross's experience that, when the knife is used, the effects are generally injurious. In the former case, which is comparatively mild one, we will apply poultices, medicated with lead water. In the case before us, apply locally poultices with lead and laudanum, with free use of chlorinated soda. Give the patient quinine, iron and milk punch.

March 26th. This patient has been, from the time of his admission into the ward, on the supporting treatment. In consequence of the frost bite, he became much exhausted. Nevertheless, the condition of his feet began to improve, and on the 24th, when we last saw him, his feet were nearly well. The two phalanges and metatarsal bone of the great toe of the left foot are gone. About three weeks ago, a phlegmonous abscess made its appearance in the breast. This was attended with profuse suppuration and in consequence of this, together with the exhaustion from his original affliction, he sank and died March 25th.

EDITORIAL DEPARTMENT.

Periscope.

FOREIGN.

REVIEW AND SUMMARY

Of

"Clinical Studies upon Repeated Evacuations of the Aqueous Humor in Diseases of the Eye."*

TRANSLATED AND ARRANGED

For the Medical and Surgical Reporter,

By A. METZ, M. D.,

Of Masillon, O.

(Continued from p. 262)

IX. Iritis.

There is perhaps no more prompt means of subduing acute inflammation of the iris, than the evacuation of the aqueous humor. The relief is nearly always almost instantaneous, the supra-orbital pains cease often as by enchantment. One or two sittings for evacuations are always sufficient to banish the recrudescences of iritis. Until then the pupil will prove refractory to atropine, but immediately afterward will dilate rapidly. The aqueous humor

hardly ever runs out limpid; its color varies according to the kind of iritis; in simple iritis, it is orange; more deep yet in color when the iritis is accompanied with an affection of the internal part of the choroid; if the iritis has assumed the serous form, it is whitish, albuminous, like light oil. Its reproduction in acute cases is rapid; at each sitting the anterior chamber ought to be evacuated two or three times. The evacuations cause the absorption of the dark spots that are frequently met on the lens after the dilation of the pupil. All the other means of arresting iritis must not be neglected, and unless they do not promptly enough afford relief, we must not recur to evacuations. Nine cases are reported to illustrate the correctness of the above views.

X. Hypopion.

It is evident that in removing the pus from the anterior chamber, a bad complication of the disease which produced it is overcome. To accomplish this, a puncture a little larger than is necessary for the evacuation, simply of the aqueous humor, is made in some sloping portion of the corneal circumference. No attempts must be made to remove the pus that does not flow out spontaneously with the aqueous humor, unless some clots too large to pass through the incision present themselves. The removal of the pus is confined to the aqueous humor, which is evacuated two or three times a day, as may be necessary. Each evacuation carries off some of the particles of pus, until all is removed. Sometimes it is necessary to continue the evacuations for several weeks. Fifteen cases are reported, which demonstrate the utility of this bold practice.

XI. Choroido-keratite; Keratites Ponctuees et Interlamellaires.

The evacuations are found quite useful in all these forms of disease, partaking more or less of an inflammatory character. They constitute the most efficacious means of arresting inflammation and regulating the circulation and the altered nutrition of the cornea, in deep and interlamellar keratitis. In deep dotted keratitis, the aqueous humor is obscured, and sometimes more or less tinted with red. It is cleared in proportion as the symptoms of inflammation diminish in intensity. If care is taken to completely evacuate the aqueous humor the first sitting, this phenomenon, in consecutive evacuations, is not repeated, and the humor itself is more limpid. This truly local treatment need not exclude other means, but it solves for the physician one of the greatest therapeutic difficulties: the treatment of a grave local inflammation, resulting from general causes demanding a restorative treatment.

Seventeen cases are reported to establish the indications in these diseases, for evacuations, of iridectomy, and of these two means combined.

XII. Accidents Consecutive to Operations, etc.; Evacuations as Preventive and Curative Means of these Accidents.

The author employs this treatment in the long series of accidents consecutive to internal traumatism, in acute iridochoroiditis, with plastic or purulent effusion, of which, softening of the eye is almost the only termination, and hence, has placed this method among the series of general treatment consecutive to internal operations.

In the operation of iridectomy, when blood is effused in the anterior chamber, it is the precept to do what can be done to remove it; under such circumstances, after having tried to evacuate it directly, it is best to wait until the aqueous humor is reproduced; and, before putting the patient to bed, three, four, or more evacuations are made, and to be

repeated several times during the day. The excessively rapid absorption of the clots of blood is witnessed, even when they fill the entire anterior chamber. Every time that this accident has been thus managed, there has been no failure, no grave inflammation consecutive to the operation. The *hyphœma* is not by itself a grave matter, when care is taken to counteract the ocular congestion.

LINEAR EXTRACTION OF CATARACT.—This treatment is yet more generally and continuously applicable, principally when fragments of the lens remain behind the iris. The humor is evacuated one, two, or three times, immediately after the operation, and repeated afterwards, evening and morning, unless the eye is thoroughly quiet. Atropine and iced compresses are added to the treatment.

After the operation of *cataract by extraction*, the iritis being more or less acute, the pupil manifesting a disposition to close, when there is peri-corneal injection, absorption is arrested or slow. The repeated evacuations will arrest these disorders of the circulation and innervation. It is sometimes necessary to persist some days, and make two or three evacuations a day, according to the acuteness of the symptoms; but, ordinarily, a few days are sufficient to cure the malady. The funnel shape which the iris assumes is the imminent indication of this commencement of iritis.

These happy applications have induced the author to try evacuations in the grave cases of irido-choroiditis, consecutive to operations. Whatever period after the operation, if the eye has not entirely healed, if, on opening the internal angle of the lids, some tears escape, the eye is examined, and, the little there is to fear from reaction, the stylet is introduced through the corneal wound, and the escape of the aqueous humor is followed by the cessation of pain. As soon as a little chemosis, puffing of the upper lid, or of trouble of the anterior chamber, *accompanied or not by pain*, more or less severe, indicate the origin of ophthalmitis, it is necessary to act immediately. Twenty-five cases are reported by our author, showing happy results. In a note on page 312, he produces the significant fact that, in the last four years, he has operated, for cataract, three hundred and nineteen times, amongst which are only twenty-eight failures.

XIII. Tire du Mémoire de M. Reymond; (*) Opake Staphyloma of the Cornea; Procidentia of the Iris; Ulceration and Softening of the Cornea; Pannus.

1. OPAKE STAPHYLOMA OF THE CORNEA AND KERATOCOMES.—When it is recent, limited in its period of growth, the ordinary means must first be tried: Punctures and repeated evacuation at the periphery of the cornea, or summit of the tumor, compression, cauterization, according to the method of RICHTER. If these means do not suffice, iridectomy must be practised soon, which, as soon as the following day, is ordinarily followed by considerable decrease of the tumor, and of which the results have been constantly happy in the clinic of M. SPERINO, even with children. The operation has never been followed by accidents, and there have been no immediate relapses which have not been arrested by the evacuations of the aqueous humor. Complete cures are sometimes slow, but durable effects are always obtained.

2. PROCIDENTIA OF A GRAVE CHARACTER OF THE

(*) Iridectomia sola ad associata alle evacuazioni dell' umor aquoso nella cura de alcune malattie corneali, ecc. per Carlo Reymond. Torino, 1862.

IRIS ACROSS A LARGE CENTRAL DESTRUCTION OF THE CORNEA.—Under these circumstances, it is necessary to remove a large piece of the iris, but not of the herniated part. An incision is made in the circumference of the cornea, and by this incision the iris is seized by forceps or the hook, and cut off. The central tumor disappears immediately, not to reappear until after the reproduction of the aqueous humor. This hernia of the iris is caused by the pressure of the aqueous humor, and disappears as the pressure is removed. The author here gives a very ingenious explanation of the process employed by nature to bring about the cicatrization of the ulcer, based upon the diminution of ocular pressure by iridectomy and the evacuation of the aqueous humor.

3. GRAVE ULCERS AND SOFTENING OF THE CORNEA.

—When an ulcer or extensive softening of the cornea is manifestly under the dependence of a deep-seated, glaucomatous disease of the eye, iridectomy and evacuations of the aqueous humor are indispensable, because the ordinary means cannot arrest the progress of the malady. The same is required in a vast and profound ulcer menacing perforation or extensive softening of the cornea, with chemosis, endo- and peri-orbital pains, getting worse in spite of the ordinary treatment; and if the affection has already progressed far enough to render, at a later period, the formation of an artificial pupil necessary, iridectomy, supported by the evacuations, must be resorted to. The ulcer loses its tendency to burst, the pains promptly cease, the injection and the corneal tumor soon disappear.

4. PANNUS OF THE CORNEA.—In the pannus which follows long standing conjunctivitis, and which persists a long time after the latter has disappeared, iridectomy is performed in the portion of cornea most transparent, or evacuations where there is no central leukoma and the cornea is not too thin. At the end of several days the corneal injection diminishes, the periorbital pains and the photophobia, when they exist, disappear; the pupil is seen behind the choroid cornea; the smallest vessels and the opacity considerably diminish. The conjunctiva yields better to local applications, and the palpebral flux to collyriums. The pustules do not reappear, at least, rarely. These results are due, says the author, to the fact that all the maladies are under the dependence of inflammation involving the deep tissues, and which the operation cures. Here the evacuations, although much less effectual than iridectomy, are yet of great service.

The history of thirty-one cases complete the interesting work of M. Reymond. Such is the *résumé* as concise and true, and also as complete as the space at our disposal permits, of the first thirteen chapters of the work of M. SPERINO. We have only to say that in it the reader has all the elements to judge the operative method recommended by the Surgeon of Turin; but it lacks the remarks and observations, of which his work is full, and which establish victoriously the precepts given by the author. The report of these cases must be read, studied, meditated on, to get the fruits given in this interesting monograph.

Curious Attempt at Murder.

An attempt was lately made on the life of a medical man in Italy, who had refused five hundred francs which had been offered him as a bribe to declare that a young conscript was unfit for military service. He was shot at by the friends of the conscript, severely wounded, and barely escaped with life.—*Brit. Med. Jour.*

Reviews and Book Notices.

Chemistry, by Wm. Thos. Brande, D. C. L., F. R. S. L. and E., of Her Majesty's Mint; Hon. Prof. of Chemistry in Royal Institution of Great Britain, etc., etc.; and ALFRED SWAINE TAYLOR, M. D., F. R. S., Fellow of the Royal College of Physicians of London, and Prof. of Chemistry and Medical Jurisprudence in Guy's Hospital. *Experiments et precepta*. Octavo, muslin, p. 696. Philadelphia: Blanchard & Lea. 1863. Price, \$3.50.

This work is intended for the use of students, and aims to occupy a medium position between the smaller and more elaborate works on chemical science. The authors disclaim any intention to furnish a Treatise on the Science of Chemistry, but to provide the student and general reader with a plain introduction to the subject.

The work is divided into four parts. The first part is Introductory, and consists of five chapters, chiefly elementary.

Part II. Treats of the Metalloids in seventeen chapters. These chapters treat of the various gases and their non-metallic compounds, which we need not occupy space in enumerating.

Part III. Treats of the Metals, their properties, composition, etc., in twenty-one chapters. The physical properties of metals in general, and their relations to heat, light, electricity and magnetism are discussed. Also the qualitative analysis of the oxydes and salts of certain metals, and their most important compounds. This part contains an interesting chapter on photography and its applications.

Part IV. Consists of fourteen chapters, and treats of Organic Chemistry. An appendix treats of weights and measures, barometrical and thermometrical equivalents, changes in the volume of gases, by pressure, and by temperature, aqueous vapor in gases, specific gravities, and a table of simple and compound gases and vapors.

Practical Toxicology is treated of in reference to the most important poisons, in an elaborate and satisfactory manner, and the processes given for their detection.

This work is well adapted to the wants of students and practitioners of medicine. A competent chemist superintended its passage through the press, and some of the chapters were corrected and revised by the authors themselves, as they were passing through the press. The work is neatly and substantially got up.

Obstetrics; The Science and the Art, by Chas. D. MEIGS, M. D., lately Prof. of Midwifery, and the Diseases of Women and Children in Jefferson Medical College at Philadelphia, etc. etc. etc. Fourth edition, revised. With 129 illustrations. Octavo, sheep, pp. 730. Philadelphia: Blanchard & Lea. 1863. Price, \$3.75.

This is the fourth edition of a well-known and very popular work on Midwifery. Dr. MEIGS' long experience as a practical accoucheur and a teacher of midwifery, are an earnest of his fitness to indite a work on that subject. Nor has the effort disappointed reasonable expectations, for Dr. MEIGS has certainly produced a most practical and useful work on obstetrics, replete with instructions given plainly, and in an attractive form, and well illustrated by numerous cases.

This edition has been amended "by changes in its form; by careful corrections of many expressions, and by a few omissions, and some additions as to the text." The chapter on *Placenta Prævia* has been recast in order to notice certain new modes of treatment, which the author regarded as not only ill-

founded in philosophy, but as dangerous to the people. The form of the work has been changed by dividing it into paragraphs, or sections.

The work is divided into four parts. Part I. treats in five chapters, of the anatomy of the parts concerned in the Act of Reproduction. Part II. treats of the Physiology of Reproduction, in three chapters on Menstruation, Amenorrhœa and Pregnancy, respectively. Part III. treats of the Therapeutics and Surgery of Midwifery, in fourteen chapters. Part IV. treats in a single chapter of the History and Diseases of the young child.

A Manual of Minor Surgery, by John H. PackARD, M. D., Demonstrator of Anatomy in the University of Pennsylvania, one of the visiting Surgeons to the West Philadelphia Military Hospital, etc., etc. With 145 illustrations. Authorized and adopted by the Surgeons-General of the United States Army, for the use of Surgeons in the Field and General Hospitals. Duodecimo, pp. 288. Philadelphia: J. B. Lippincott & Co. 1863. Price, \$1.50.

With a report of a commission appointed by the Surgeon-General, U. S. A., recommending this as "a better text-book upon the subject than any of the treatise with which the American market has hitherto been supplied," staring us in the face, it may be considered presumption in us to say that we utterly fail to discover the peculiar merits thus set forth, as compared with the manuals of Dr. HENRY H. SMITH and Dr. F. W. SARGEANT. A new edition of either of the above works, if they are out of print, would, in our opinion, have much better met the wants of the profession.

We trust that the Surgeon-General of the United States is not going to lend the influence and authority of his high office to the production of works of inferior merit, merely for the sake of dispensing patronage.

The New American Cyclopædia.—This great national work, published by D. APPLETON & Co., is now completed.

The publication of such a work was a great undertaking, and its complete success at the present time, proves its great necessity, as well as the great ability with which the enterprise has been executed. It constitutes a library in itself, and should be in the possession of every man of any literary or scientific pretensions.

The publishers are issuing an Annual Cyclopædia, which is designed as a supplement to, and continuation, from year to year, of the New American Cyclopædia. In view of the present historic period, the supplement is, if possible, more interesting than the main work. Two volumes of the Annual are now completed, and they are uniform in type, size, binding and price, with the American Cyclopædia.

Success to this, the greatest of all book enterprises of the present age, in this country, and to its enterprising publishers.

G.

Opium altered by Age.

In his memoir on opium, M. Guibourt states, that in analysing an opium kept in his store nearly twenty years, he obtained less morphia than he had extracted from the same opium when recent. The product obtained was strongly colored, and the alcoholic solution equally so. The extractive matter, (says the professor,) and other principles without doubt, the morphia, perhaps, is converted into a brown body (apotheia?) little soluble in water, but soluble in alcohol like morphia, and precipitating with it by the cooling of the liquid, and can only be separated by combining the alkaloid with an acid, and deodorizing the salt by charcoal, &c.—*Rep. de Pharm.*, April 1862.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, MAY 30, 1863.

CALOMEL AND TARTAR EMETIC.

"CORT., MERC., ANT." is the motto inscribed on the altar in the temple of science, on the seal of one of the oldest and most respectable medical societies in this country.

In an order which we published last week, the Surgeon-General has, so far as his influence goes, lopped off two of these fundamental articles of the armamentarium of the practical physician. As far as evidence goes, the third deserves the same fate—for if calomel and tartar emetic have been "abused," as the Surgeon-General says, in this war, the preparations of bark have been much more abused.

This order is calculated to create a sensation. How it will be received by the profession, and whether it can be practically carried out, remains to be seen. We are as much in favor of a limited use of the more heroic remedies of the pharmacopeia as any one can be, but we know not one of them which, under certain circumstances may not be useful, nay, indispensable. Because they are occasionally abused by ignorant men does not seem to us a sufficient reason for dispensing with them altogether. We should rather say, dispense with the ignorant men.

Calomel and tartar emetic have, for a long time, held a principal place among the remedies in the dispensing shop, the saddle-bags, or the pockets of the practical physician. Both are powerful remedies, and both have been abused, but we respectfully submit that it is the ignorant, and not the intelligent physician who has abused them. Before his elevation to his present high and very responsible position, the Surgeon-General, it is well known, distinguished himself as a physiologist rather than as a physician—in theory rather than in practice. Theoretically, the profession well know there are remedies which can take the place of these powerful agents, but the records of our hospitals, of the daily experience of our practical physicians, and the teachings of our text-books, go to show, that as yet, the theory has not received the full sanction of intel-

ligent practitioners of medicine. It is one thing to have these powerful remedies for occasional use when needed, and another, to be compelled to dispense with them in all emergencies.

Never, in the history of mankind have new ideas been more rapidly adopted, and old prejudices more thoroughly broken down, than in this country during the past two years, and it is possible that the medical profession will be content to revise its records in relation to some of their boasted and hitherto most trusted remedies. One thing is certain, medical men will be found ever ready to adopt any practical substitutes for the more potent remedies of the *materia medica*, while no fulminations, even from so authoritative a source as the Surgeon-General's office, will induce them, except under positive military orders, to dispense with the use of remedies whose value rests upon experience rather than theory. Clergymen, lawyers and politicians have been compelled by the march of events during the past two years to revise their records, and why not physicians.

• • •
"NATIONAL ACADEMY OF SCIENCES."

A state of war always seems to give activity to other interests beside those bearing directly on the circumvention of an armed enemy, or the destruction of human life. It is matter of history, that such is the very time when interests bearing on the progress of the human race in every direction, claim, and receive the most attention, as if to compensate for the destruction of life, character, and resources that are inseparable from a conflict of arms. In the history of the world very few legislative bodies had such momentous interests incident to a state of war on a most gigantic scale, to claim their attention, as did the Congress which closed its sessions on the 4th of March last, yet few have ever legislated more in the interests of peace and human progress.

It is not necessary for us to designate the various acts referred to, they will be found among the records of the last Congress; but among its closing labors it passed one act without a division in either branch, which is of great interest to physicians and scientific men generally. We refer to an act published on another page, incor-

porating the "National Academy of Sciences." The minutes of the first meeting of the Academy, also published in this number, will, at least, in some degree reveal the objects and aims of this association.

But, while we hail with peculiar gratification the organization of this Academy, and that on a basis that has the promise of permanency, we could have wished that it had been a little less exclusive, that it had embraced within its folds a wider range, or, at least, provided for the accession of a larger number of members from the various branches of science. Perhaps it is intended to make such provision, either by the adoption of two classes, **MEMBERS**, consisting of fifty, as provided for in the Act of Incorporation, and **FELLOWS**, from among whom vacancies in the first class might be filled; or by means of branch Academies throughout the country, with which scientific men can associate themselves, the principal officers being selected from the membership of the National Academy.

The Academy will be composed of individuals in all the different departments of science, and why should it not embrace all scientific men in its connection, and adopt some such plan as suggested above, in order to have a limited membership of the more distinguished scientific men of the country, while admitting to fellowship scientific men of all grades, whose attainments may render them worthy of the association.

If such a suggestion could be adopted in regard to connection with the Academy, the medical profession as a body, or those of its individual members whose attainments will warrant it, might become associated with it, and the Academy thus take in the present American Medical Association. Sections on the various branches of practical medicine and surgery could be added to those already adopted by the Academy.

We are the more earnest in throwing out these suggestions, because the American Medical Association as at present constituted, is, in our opinion, wanting in elements calculated to secure permanency and vitality. We have heretofore taken occasion to suggest Boards of Examiners for admission to the honors of the Association, a permanent Secretaryship, and the holding of most of

the meetings at one place, with the view of insuring greater stability. The suggestions have been well received by the profession, but have not yet been acted upon.

It is evident that there is something lacking in the organization of the Association, and it may be supplied by a connection with the Academy of Sciences, if that is possible; or, if not, let it apply to Government for a *charter*, and adopt one feature of the Academy, viz.: a permanent place of meeting, with intermediate meetings in different parts of the country. This would give to the Association permanency and character, and insure progress. We trust that these suggestions will receive attention at the approaching meeting of the Association at Chicago.

Correspondence.

FOREIGN.

LETTER FROM W. N. COTE, M. D.

GENEVA, Jan. 3, 1863.

[Continued from page 61.]

Efficacy of Chinese Remedies.

In a letter addressed to the president of the *Société d'Acclimatation*, M. GUILMAIN, a missionary in China, gives a glowing account of the extraordinary fertility of the country, and, among other things, expresses his surprise at the efficacy of certain Chinese remedies, which are utterly unknown to Europe and America. He quotes the example of a Father LETURDU, who, having passed four years in a Chinese prison, where he contracted a pulmonary affection, was literally kept alive by certain pills which a Chinese doctor gave him; and when he subsequently attempted to return to a European treatment, he got worse, and only recovered by recommencing the Chinese pills. In another instance, a European physician belonging to the French Navy utterly failed in mastering a violent fever which threatened the life of a Chinese convert, but a native physician obtained a complete cure in the course of a quarter of an hour by administering certain simples which he gathered on the spot. Let us hope that these sovereign remedies will soon find their way to us.

Hypophosphites in Pulmonary Tuberculosis.

As regards the hypophosphites of which I made mention in one of my preceding letters, I see that Dr. FAUCONNET, chief physician of the Cantonal Hospital, employs them in tuberculosis pulmonalis with some success. He gives them in the following mode:

B. Hypophosph. calc.,
Extract. conil, aa, 3j. M.
F. pil. No. 72. Six pills per day.

The University of Erlangen and Dr. Herz.

In virtue of the new law which accords to the Jews of Bavaria full political and civil rights, some members of that body have just been appointed Government functionaries. One of the medical celebrities of Munich, Dr. HERZ, a Jew, has been nominated professor in the Faculty of Medicine at the University of Erlangen. This is a step in the right direction.

Remedy for Catarrhs.

In the present season, when colds are prevalent, the following remedy, published by Dr. JANOT, of Toulouse, may be found useful. It simply consists in rubbing the nape of the neck and the occipital region repeatedly with the alcoholic tincture of lavender. He states this to be a sovereign remedy for all catarrhs, in cases which may have resisted the application of blisters, sulphurous waters, and even sea-bathing.

Oxygen in Gangrene.

The application of oxygen to the cure of gangrene, discovered by Prof. LAUGIER, which I mentioned some time back, is attracting attention in the medical world, and giving rise to conflicting opinions. It appears certain, now, that oxygen is a specific in those cases in which the gangrene has arisen from the obliteration or diseased state of some vessel, when, on the contrary, the affection is owing to a general deterioration of the humours. It does not, indeed, effect a cure, but it at all events hardens the affected part, and deprives it of that horrid smell so nauseous to the patient himself, and to those around him.

Meteorology.

M. MATTHIEU DE LA DRÔME's predictions of the weather are beginning to enlist partisans in his favor, notwithstanding the coldness with which the Academy of Sciences and the scientific world generally have met his endeavors. It cannot be denied that the inundations which took place in the beginning of November last were predicted by him with singular success. He had announced great rains and swollen rivers along a line six hundred leagues in length, commencing from Cette, in France, and extending beyond the Black Sea. From the 28th of October to the 8th of November, seventy-eight millimetres of rain-water were marked by the pluviometer of Bizières, and one hundred and thirty-two by that of Turin, and numerous maritime disasters on the coasts of the Mediterranean and Adriatic corroborated his predictions. I now learn that M. MATTHIEU's theories about the weather are by no means the fantastical offspring of superficial observations, but the result of a seven years' patient study of the meteorological journal, kept at the observatory of Geneva. It was thus he passed the days of his exile, and it would, therefore, be both unjust and inconsiderate to discard the fruits of his labor, as unworthy of notice, without due examination.

Specific for Intermittent Fevers.

The Société d'Acclimatation has also received a letter

from India, accompanied with a box containing a quantity of seeds of the *casalpina bonducella*, a plant which, according to Mr. HAYES, the writer of the letter, is much used there as a specific for intermittent fevers. The Bengalee for the plant is *natha*. It is a small creeper, producing a nut, the kernel of which is exceedingly bitter, and possesses the qualities of cinchona in an eminent degree, with this exception, that it is aperient rather than the contrary, a valuable property in a tropical climate where the biliary system is so generally affected. One of these seeds reduced to a paste, with three or four pepper-corns, and taken three, four, or five times a day, with the adjunction of cherettah tea, (*gentiana cherayita*), is generally found so infallible in its effects that many European physicians in India have adopted it, and will, probably, in a few years, abandon bark entirely. Cherettah is a kind of gentian which grows on the mountains skirting the course of the Ganges, and may be got at all the bazars of Bengal. It is a stronger febrifuge than the *gentiana lutea* of Europe. Native physicians employ *natha*, also, as a powerful tonic. They administer it in powder mixed with spices and castor oil. Externally, the seed is applied in cases of hydrocele. At Amboyna, it is administered as a vermifuge. The roots are used as a tonic in dyspepsia. In Cochin-China, the plant is considered deobstruent, and the oil extracted from the leaves is found useful in paralysis. In Egypt the women make necklaces and amulets with the seeds. The latter are often carried to great distances by the sea, as for instance, to the coast of Scotland, where they are known as *molucca beans*. It is singular that the remarkable virtues of this plant should have remained so long unnoticed, offering, as it does, a cheap and powerful substitute for cinchona which, as every one knows, commands a high price. As this plant thrives in Egypt, Mr. HAYES thinks that it must prosper in Algeria, and even in the south of France.

Union of Two Animals.

A curious and interesting experiment was lately made at Strasburg, to effect the union of two animals so that they might, to a certain degree, have a life in common. It was, indeed, producing artificially what nature produced spontaneously in those extraordinary phenomena, the Siamese Twins. Two white rats, of the Albino species, were selected for the experiment, probably as being more manageable than their darker brethren. An incision was made on the right side of the one, and on the left of the other, engaging the skin and the cellular tissue under it. The surfaces of the two wounds were kept closely together by sutures and bandages until the sixth day, when union by the first intention was found to have taken place. They then walked side by side, being united by a fleshy band. An attempt to poison both by the mouth of the one did not succeed, but an injection thrown into the jugular vein of one animal was found to have entered the superficial femoral veins of the other, showing clearly that an intimate vascular union had already taken place between them. This interesting experiment may have a most important bearing on restorative surgery.

W. N. CÔTH.

News and Miscellany.

American Medical Association.

Just as we are going to press, the following has been received:

CHICAGO, May 16, 1863.

To the Members of the
American Medical Association.

For the last three years a regular conventional agreement has existed between all the great lines of railroad, connecting the East with the West, by which they are bound to make no reduction on fares for passengers to, or from, any Conventions, Associations, or public meetings whatever. Before the meeting of the Association for 1861 was postponed, the present Committee of Arrangements carried on an extensive correspondence with the Superintendents of all the principal routes of travel, and finally presented the matter to a Convention of Railroad Officers, which was held in Chicago, in the spring of 1861. But no commutation of fare for members of the Association could be obtained. During the two years which have elapsed since, some of the railroads were known to have violated the rule against commutations, and the Committee renewed its efforts for the coming meeting of the Association. But at a meeting of Railroad officers, in Buffalo, on the 29th of April, 1863, the previous rule prohibiting *commutation of fares* for all public gatherings, was re-enacted, and the application in behalf of the National Meeting of the Young Men's Christian Association, to be held in this city during the first week in June, was refused as well as our own. At that meeting, in Buffalo, however, the officers of one or two important roads declared that they were already pledged to return members of the "Canal Enlargement Convention," to be held in the City of Chicago on the 2d day of June, over their roads *free*, and consequently they could not agree to a renewal of the rule for refusing commutations, unless that canal meeting was made an exception. That proposition was agreed to, and the arrangements have been completed to return all members of the *Canal Convention free*, over the same roads on which they come. Therefore, we wish distinctly to inform all members and delegates to the American Medical Association, that they can *return home from Chicago free*, by arriving here on or before the morning of Tuesday, June 2d, and immediately reporting themselves as members of the said Canal Convention.

To remove all doubts about the practicability of such a course, we will add, that the *Canal Convention* is to be a "*Mass Meeting*," to which all are invited; and further, that the Local Committee on Invitations to that canal meeting have formally requested the Local Secretary of the American Medical Association to invite all the members of the latter to attend the former.

Yours, truly,
N. S. DAVIS,
Ch'n Com. Arrangements of
Am. Med. Association.

MARRIED.

CASSEL—WEEKS.—On January 2d, 1863, by the Rev. David Gaston, Dr. J. K. Cassel, U. S. A., formerly of Montgomery county, and Miss Kate A., youngest daughter of Mr. C. Weeks, of Philadelphia.

FORBES—WILSON.—April 21st, in Washington, Ohio, by Rev. W. M. Ferguson, Dr. Robert S. Forbes and Miss Malinda J. Wilson, both of Byersville, Ohio.

DIED.

AYRES.—In Brooklyn, on Tuesday, May 19, Alice Mary, only daughter of Dr. Daniel and Augusta C. Ayres, aged 2 years, 1 month and 27 days.

KELLEY.—On Tuesday, May 19, at his residence, No. 52 Bleecker street, Dr. John Clawson Kelley, of New York, in the 70th year of his age.

METEOROLOGY.

May	18,	19,	20,	21,	22,	23,	24.
Wind	N. W.	N. W.	S. W.	W.	S. W.	W.	N. E.
Weather....	Clear	Clear	Clear	Clear	Clear	Clear	Clear
Depth Rain...	1						
Thermometer							
Minimum.....	47°	46°	45°	49°	51°	53°	59°
At 8 A. M.....	61	56	67	70	73	75	70
At 12 M.....	64	63	78	81	85	85	80
At 3 P. M.....	66	68	81	84	88	89	71
Mean.....	63.6	63	75.3	78.3	82	83	73.6
Barometer.							
At 12 M.....	30	30.1	30.1	30.3	30.2	30	29.9

VITAL STATISTICS.

	Philadelphia, Week ending May 16.	Baltimore, Week ending May 23.	Boston, Week ending May 23.	Providence, Month of April.
Population in 1860.....	565,529	232,418	177,812	50,666
<i>Mortality.</i>				
Male.....	133	39	41	51
Female.....	102	45	38	54
Adults.....	120	58	38	47
Under 15 years.....	107	42	.....	54
Under 2 years.....	68	21	.....	33
Total.....	235	84	79	105
Deaths in 100,000.....	40.48	39.54	44.43	207.24
American.....	174	.....	63	51
Foreign.....	44	.....	26	54
Negro.....	8	19	.....	5
<i>I.—ZYMOTIC DISEASES.</i>				
Cholera, Asiatic.....	...	...	...	...
Cholera Infantum.....	1	...	1	...
Cholera Morbus.....	...	1	...	...
Croup.....	3	3	5	3
Diarrhoea.....	3	...	1	2
Diphtheria.....	2	3	1	3
Dysentery.....	1	...	1	1
Erysipelas.....	1	...	1	2
Fever, Intermittent.....	...	...	1	...
Fever, Remittent.....	...	0	1	...
Fever, Scarlet.....	3	9	1	4
Fever, Typhoid.....	9	2	2	...
Fever, Typhus.....	0	...	...	...
Fever, Yellow.....	...	0	...	...
Hooping-cough.....	2	2	...	...
Influenza.....	...	...	...	...
Measles.....	1	1	...	...
Small Pox.....	6	5	...	...
Syphilis.....	1	...	...	...
Thrush.....	...	...	...	...
<i>II.—SPORADIC DISEASES.</i>				
Albuminuria.....	1	...	...	...
Apoplex.....	3	0	2	1
Consumption.....	35	17	20	22
Convulsions.....	12	1	5	4
Dropsy.....	10	1	2	1
Gun-shot Wounds.....	2	1	...	...
Intemperance.....	2	...	1	2
Marasmus.....	5	...	3	1
Pleurisy.....	0	...	1	...
Pneumonia.....	12	1	...	7
Puerperal Fever.....	1	...	...	...
Serulosis.....	0	...	...	1
Violence and Accidents.....	4	1	1	6

NOTICES.

The Medical Society of the State of Pennsylvania.

Will hold its Fourteenth Annual Session in Philadelphia, on the second Wednesday, 10th, of June, at 11, A. M.

J. H. SMALZ,
J. M. STEVENSON,
Recording Secretaries.

Ohio State Medical Society.

The Eighteenth Annual Meeting of the Ohio State Medical Society will be held at White Sulphur Springs, on Tuesday, June 16th. Will some member furnish us an account of the meeting for publication?